

Town of Alton



Building Department PO Box 659 1 Monument Square Alton NH 03809
Phone 603-875-2164 Fax 603-651-0732

SIGN PERMIT

Tax Map: _____

Fee: \$50.00

Lot#: _____

CK# _____/Cash

Rcvd by: _____

Property Owner: _____ **Phone:** _____

Address: _____

Applicant/Agent: _____ **Phone:** _____

Sign Location: _____

Zoning District: RC ___ RR ___ RU ___ RS ___ R ___ LR ___

Sign Type: Free Standing ___ Affixed to Building ___ Off-Site ___ Temporary ___

Dimensions: Height _____ Width _____ Area in sq. ft. _____ **Freestanding sign height:** _____

Illuminated: No ___ Yes ___ If yes; Internally ___ Externally ___

Attach sketch/s of sign showing overall dimensions and location on site.

Compliance Statement:

I certify that I have reviewed the provisions of Article 300, Section 340 Sign Regulations, of the Town of Alton Zoning Ordinance (Ordinance), as they apply to this application.

I affirm that the sign(s) represented in this application will be erected and maintained in compliance with the Ordinance, representations made herein, and any conditions specific to this approval.

I certify that the information contained in this application is true to the best of my knowledge.

Signature: _____ **Date:** _____

OFFICE USE: Approved ___ Denied ___

Reason for Denial: _____

Conditions: _____

Code Official: _____ Date: _____